

# INTERSEX

BY

**ATTIA ABDALLA ATTIA**

**PROF. & HEAD OF**

**DERMATOLOGY & ANDROLOGY**

**DEPARTMENT**

**AL- AZHAR FACULTY OF MEDICINE**

# INTRODUCTION

- Genetic sex: (XY or XX)
- Gonadal sex : (internal genitalia)
- Phenotypic sex : (external genitalia).
- Gender sex : (brain sex )
- Rearing sex : (denotes cultural characteristics )
- Legal sex: (consists only of male and female, despite the infinite spectrum of gender and sexual variations.)

**N.B.**

Genetic sex occurs at time of fertilization → Gonadal sex.



## Sex Determination

## Sex Differentiation

A.

Y chromosome → Testis

Testosterone

Dihydrotestosterone → Male external genitalia

Male ducts  
(Epididymis, prostate,  
seminal vesicle)

Male brain → Male gender  
??

Male  
Phenotype

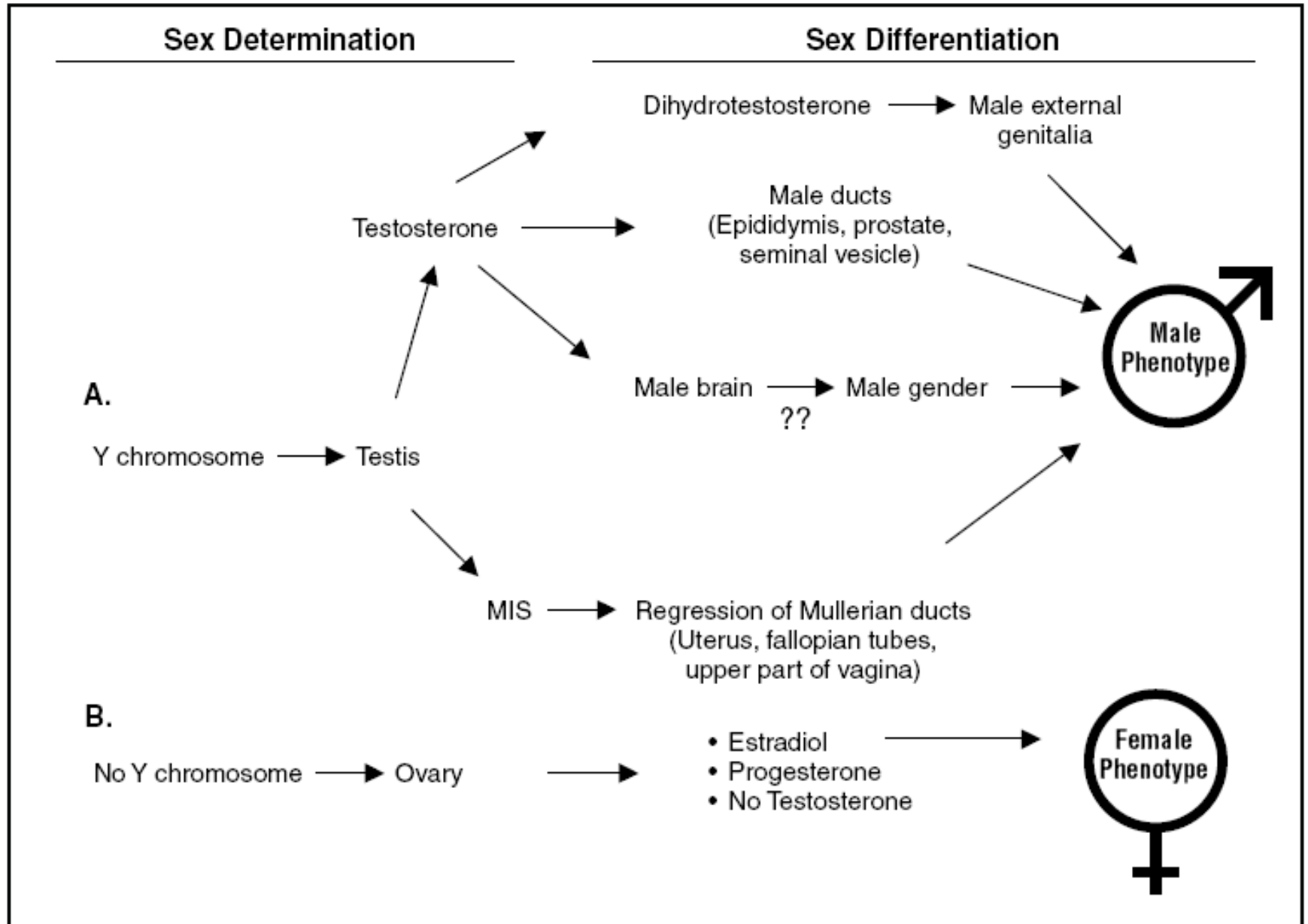
MIS → Regression of Mullerian ducts  
(Uterus, fallopian tubes,  
upper part of vagina)

B.

No Y chromosome → Ovary

- Estradiol
- Progesterone
- No Testosterone

Female  
Phenotype



- Brain exposure to androgens during critical periods of development results in masculinization of behaviors that typically show sex differences.



- **Lahr et al., (1995)** reported that sex-determining genes themselves (such as **SRY**) are expressed in specific regions of the brain
- This evidence suggests that genetic influences play a role in the development of brain sexual orientation.



# Intersex syndrome

- It is an intermingling of characteristics of both sexes which may be:
  - @ Anatomical ( DSD )
  - @ Psychological ( Gender Identity Disorders )
  - @ Combinations
- It results from some defect in the embryonic development.



# INTERSEX

○IN (2006)

The Intersex Society of North America

eliminated the term "intersex" ,

and replaced it with

“Disorders of Sex Development”  
(DSD)

in order to avoid conflicting anatomy  
with gender identity (transsexualism )



# THE DIFFERENCE

## DSD


- It is a group of conditions where there is a discrepancy between the external genitals and the internal genitals .

## TRANSSEXUALISM

- A gender identity disorder is one in which a person wants to be the opposite sex. The person believes that he or she is **"trapped"** in a body of the wrong sex.



# THE GENDER IDENTITY DISORDER:

- Based on the person's sensations  
(what you think you are ?)
    - a man trapped in a woman body or
    - a woman trapped in a man body,
  - This is established by the age of 3ys.
  - There is no prevention for gender identity disorder.
- 

# Causes of the Gender identity disorder:

- Unknown,
- Some theories suggest the causes:
  - 1- Chromosomal abnormality
  - 2- Hormonal imbalance
  - 3- Early parent-child bonding problems
  - 4- Harmful child-rearing practices



# DDSD

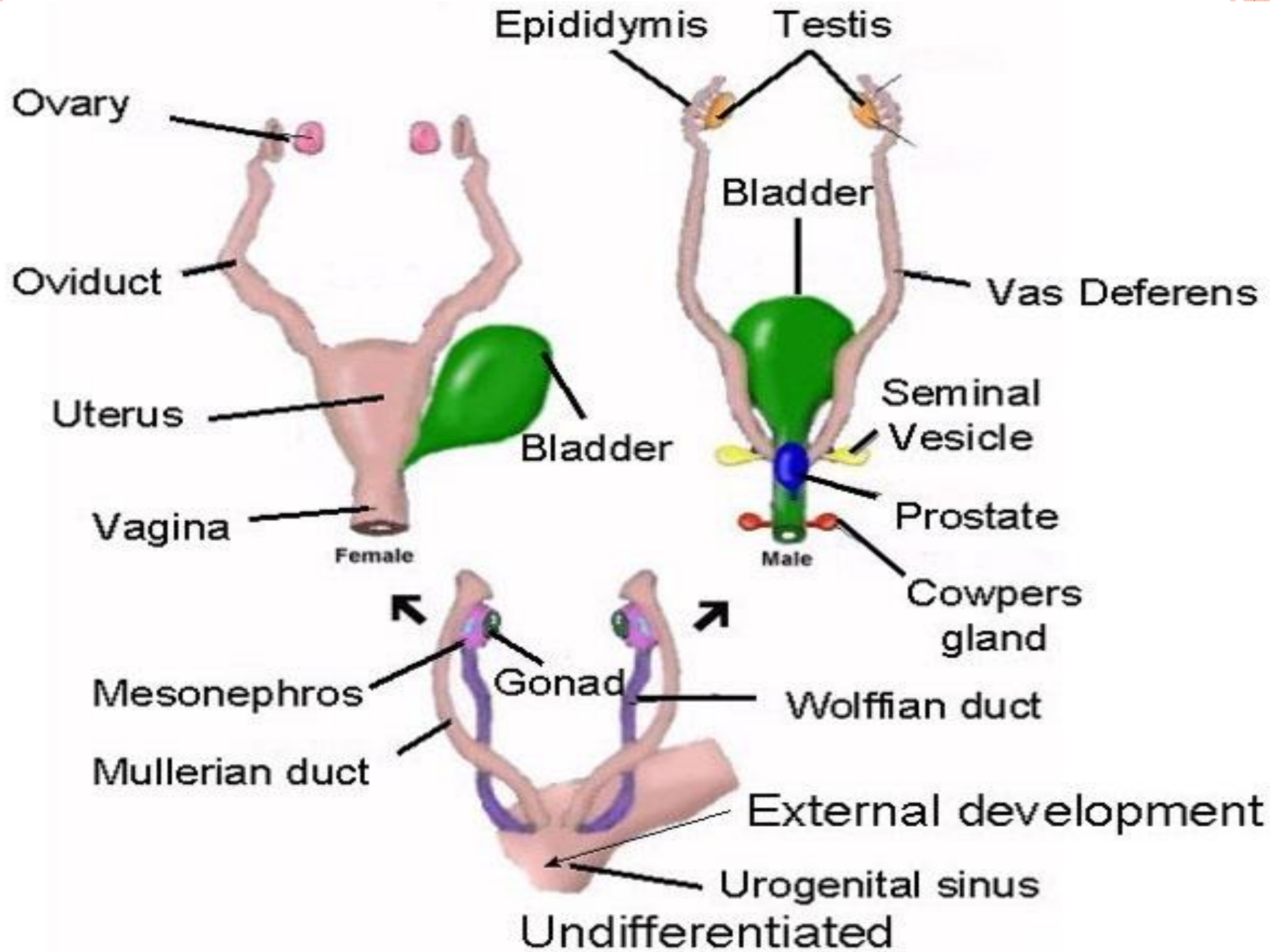







# EMBRYOLOGY

- Gonadal ridge (*SRY*) → Internal genitalia (Gonads) (testes).
- Wolffian duct (*testosterone*) → Internal ducts (Epid, Vas, SV.).
- MULLERIAN d. (*MIS*) ---- Disappear in male MD in female ---- uterus & upper two thirds of the vagina
- Both **male** and **female** fetuses usually have at least one **X** chromosome gene this gives them the capacity to *recognize and react to* androgens.



# DSD

- **DSD** is a group of conditions where there is a **discrepancy between the external genitals and the internal genitals** (the testes and ovaries).
  - It results from some defect in the embryonic development
  - Up to 8 weeks of gestation the gonad is indifferent (bipotential)
- 



# DSD

DSD is present in about 1% of the population.

## **Classification:**

- 1. True hermaphroditism .
- 2. Pseudo- hermaphroditism:
  - a. Male pseudohermaphroditism.
  - b. Female pseudohermaphroditism
- 3. Pure gonadal agenesis
- 4. Gonadal dysgenesis:
  - a) Klinefelter's syndrome.
  - b) Noonan's & Turner's syndromes.





# DSD


DSD is present in about 1% of the population.

## Classification:

- **1. True hermaphroditism .**
- **2. Pseudo- hermaphroditism:**
  - a. Male pseudohermaphroditism.
  - b. Female pseudohermaphroditism
- **3. Pure gonadal agenesis**
- **4. Gonadal dysgenesis:**
  - a) Klinefelter's syndrome.
  - b) Noonan's & Turner's syndromes.



# TRUE HERMAPHRODITISM

- The person have both **ovarian** and **testicular tissue** **OR** (an ovotestis), **OR** **one ovary** and **one testis**.
  - The person may have **XX** **chromosomes**, **XY** **chromosomes**, or **both**.
  - The external genitals may be **ambiguous** or may appear to be female
- 

# DSD

DSD is present in about 1% of the population.

## Classification:

- 1. True hermaphroditism .
- 2. Pseudo- hermaphroditism:
  - a. Male pseudohermaphroditism.**
  - b. Female pseudohermaphroditism
- 3. Pure gonadal agenesis
- 4. Gonadal dysgenesis:
  - a) Klinefelter's syndrome.
  - b) Noonan's & Turner's syndromes.



# ♂ MALE PSEUDOHERMAPHRODITE

- Genetic sex: XY

- Gonadal sex: Testes.

- Phenotypic sex:  
external genitals are :

- incompletely formed,
  - ambiguous, or
  - clearly female.



# Male Pseudo-hermaphroditism due to:

A) **AIS** (ANDROGEN INSENSITIVE SYNDROME)

B) ↓ **Androgen due to:**

1- ↓ Androgen production.

2- ↓ 5 alpha reductase SO ↓ DHT.

C) **Isolated deficiency of MIS**



- It is a rare syndrome and usually does not present in the newborn period because the genitalia appear to be those of a male with undescended testes.

C )



# A) ANDROGEN INSENSITIVE SYNDROME

(DEFECTIVE ANDROGEN RECEPTORS)

- In AIS :
  - functioning Y  no female internal organs,
  - abnormal X  the body unable to respond to androgens completely or partially
  - \* CAIS, the external genital of the female .
  - \* PAIS, the ext. genital ranged from male to female.



# SYNONYMS

- Androgen Insensitivity Syndrome,
- Testicular Feminization Syndrome ,
- Defective Androgen receptors
- Androgen Resistance Syndrome,







11 11 2004



11 11 2004



# GRADING OF AIS

Grade 1	PAIS	Male genitals, infertility
Grade 2	PAIS	Male genitals but mildly 'under-masculinized', isolated hypospadias
Grade 3	PAIS	Male genitals but more severely 'under-masculinized' (perineal hypospadias, small penis, cryptorchidism i.e. undescended testes, and/or bifid scrotum)
Grade 4	PAIS	<b>Ambiguous genitals</b> , severely 'under-masculinized' at puberty the breast well formed(phallic is between a penis and a clitoris)
Grade 5	PAIS	<b>Female genitals</b> (including separate urethral and vaginal orifices, enlarged clitoris)
Grade 6	PAIS	<b>Female genitals</b> with pubic/underarm hair
Grade 7	CAIS	<b>Female genitals</b> with little or no pubic/underarm hair

# Hypogonadotrophic Hypogonadism





Grade  
1  
PAIS







Grade  
4

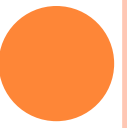
P  
A  
I  
S







11 11 2004





11 11 2004



# MANAGEMENT

## Male Pseudo-hermaphroditism

### **AIS (ANDROGEN INSENSITIVE SYNDROME)**

- Remove testes early because morbidity is minimal in a young child.
- Hormonal replacement at age of puberty .
- Vaginoplasty later may be required,
- Many of the girls have an adequate vagina





# Causes of Male

## Pseudohermaphroditism

A) AIS

**B) ↓ Androgen due to:**


1- ↓ Androgen production.

2- ↓ 5 alpha reductase SO ↓ DHT.

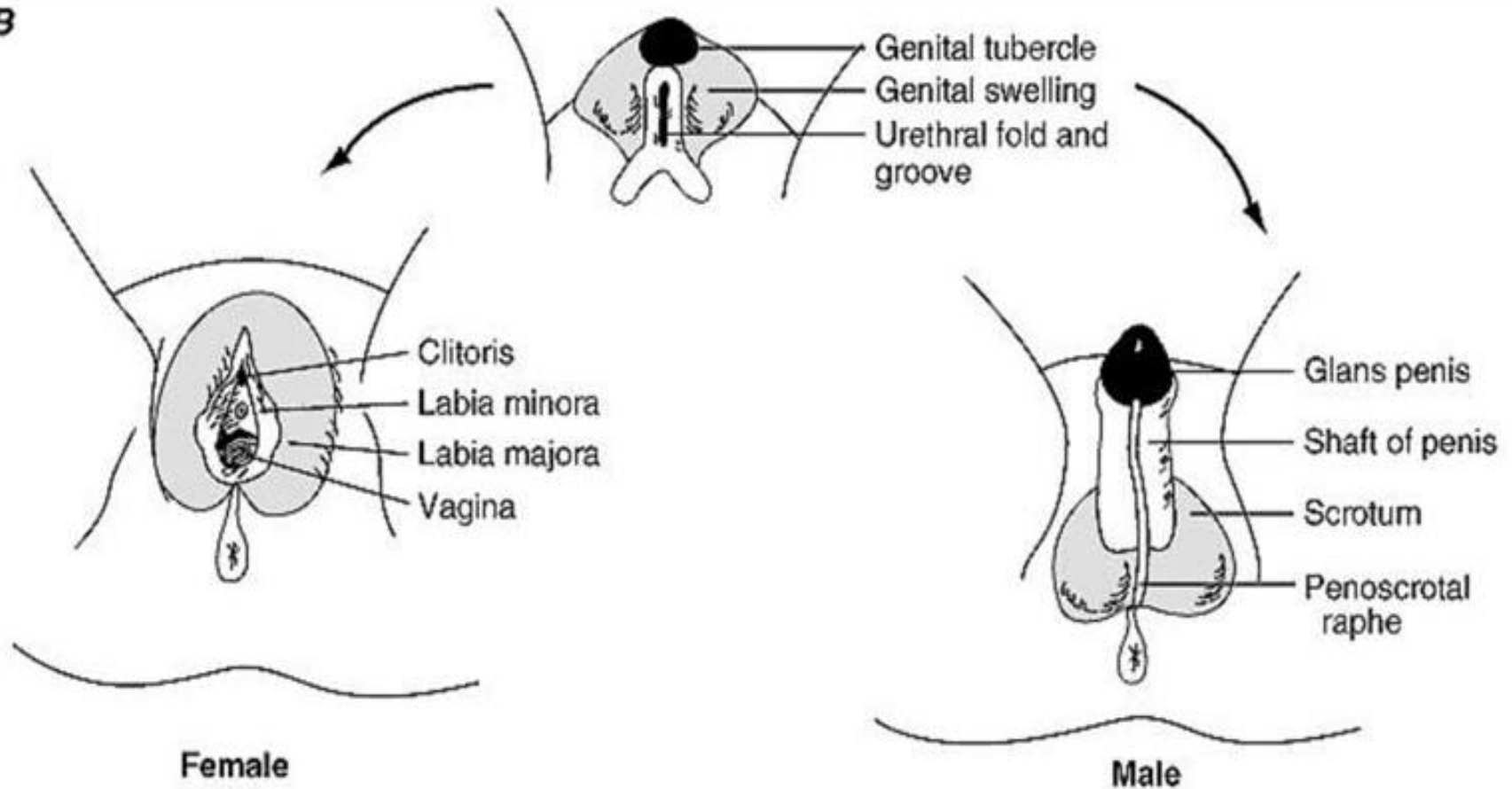
**C) Isolated deficiency of MIS**



# 1- ANDROGEN SYNTHESIS

- A group of enzyme deficiencies → inborn errors of testosterone biosynthesis.
  - Inherited AR or X-linked recessive.
  - Atypical **congenital adrenal hyperplasia** can fall in this category.
- 

B



- Genital Tubercle (DHT) → Penis
- Genital Swelling (DHT) → fuse to form Scrotum

# **2-↓ 5 ALPHA REDUCTASE ENZYME → ↓ DHT**

**1- Normal wolffian duct structures**

**( Epid., Vas, SV.) testosterone**

**2- Abnormalities in external genitalia &  
prostate (DHT).**

**3- This will lead to :**

**Pseudovaginal Perineoscrotal  
Hypospadias.**



# EARLY :BEFOR PUBERTY

- Prineosrotal hypospadias
- Vaginal pouch open in the urethra.
- Bifid scrotum
- Serum testosterone & LH are normal.



# AT PUBERTY:

- Virilization occurs & become male.
- Testes in labial fold or inguinal.
- Normal spermatogenesis (norm. testo.)



# MANAGEMENT

## OF PSEUDOVAGINAL PERINEOSCROTAL HYPOSPADIUS

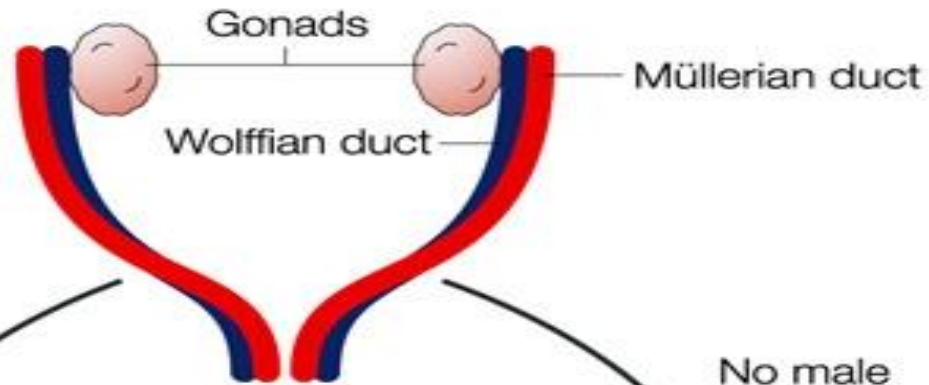
DUE TO ↓ 5 ALPHA REDUCTASE ENZYME

- An early gonadectomy and feminizing genitoplasty are recommended in infancy.





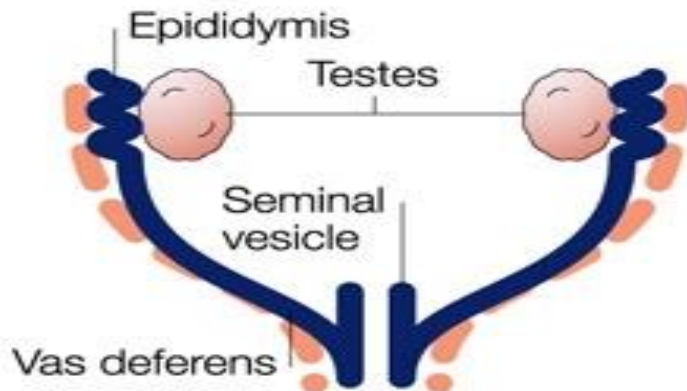
**a Bipotential gonad**



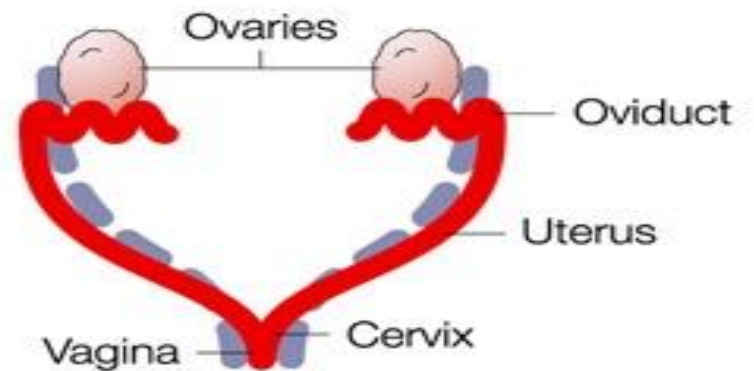
Male hormones:  
- MIS  
- Testosterone  
- Ins13

No male  
hormones

**b Male gonad**



**c Female gonad**





## ○C) Isolated deficiency of MIS

It is a rare syndrome presented as a phenotypic male with an inguinal hernia on one side and an impalpable gonad in other side. Herniorrhaphy reveals a uterus and fallopian tube in the hernia sac



# DSD

DSD is present in about 1% of the population.

## Classification:

- 1. True hermaphroditism .
- 2. Pseudo- hermaphroditism:
  - a. Male pseudohermaphroditism.
  - b. Female pseudohermaphroditism**
- 3. Pure gonadal agenesis
- 4. Gonadal dysgenesis:
  - a) Klinefelter's syndrome.
  - b) Noonan's & Turner's syndromes.



♀ FEMALE

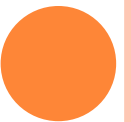
## PSEUDOHERMAPHRODITE

- Genetic sex: **XX**
- Gonadal sex: **ovaries**
- Phenotypic sex: external genitals **appear male** :
  - The labia fuse,
  - The clitoris enlarges ( like a penis ).





**CAH**



♀ **FEMAL**

## **PSEUDOHERMAPHRODITE**

- **Intrauterine exposure** of female fetus to **ANDROGEN** due to :

@ **CAH** (60% of all intersex cases.)

@ **Maternal tumour.**

@ **Androgen containing  
medication .**



# CONGENITAL ADRENAL HYPERPLASIA

- CAH A group of inherited disorders of the adrenal gland.

## Causes:

- ↓ 21-hydroxylase enzyme for cortisol and aldosterone formation → ↑ACTH → ↑androgen → virilization.

- It can affect both:

**Girls** → female pseudohermaphrodite

**Boys** → (precocious puberty).

NB: Salt-wasting nephropathy occurs in 75% of infants born with CAH

# FEMALE PSEUDOHERMAPHRODITE (CAH )

## - Internal organs normal:

(ovaries, uterus, and fallopian tubes)

## - External changes:

- Ambiguous genitalia ( male > female )
- Deep voice
- Early appearance of pubic and armpit hair
- Excessive hair growth body and face .





# TREATMENT OF CAH

- The goal of treatment is to return hormone levels to normal.

This is done by:

Daily administration  
(dexamethasone, or hydrocortisone).

- Severe cases:
  - Early: clitoroplasty
  - Late: vaginoplasty.



# MANAGEMENT OF DSD

Management of a child with DSD is critical and should involve team with careful consideration of :

- proper diagnosis,
- hormonal treatments,
- potential surgical interventions, and
- psychosocial monitoring, with the goal of optimal psychosexual development.



# Causes of Pseudo-hermaphroditism

## 1-MALE

A) **AIS** (ANDROGEN INSENSITIVE SYNDROME)

B) ↓ **Androgen due to:**

1- ↓ Androgen production.

2- ↓ 5 alpha reductase SO ↓ DHT.

C) **Isolated deficiency of MIS**

## 2- FEMAL

Intrauterine exposure of female fetus to **ANDROGEN**

# DSD

DSD is present in about 1% of the population.

## Classification:

- 1. True hermaphroditism .
- 2. Pseudo- hermaphroditism:
  - a. Male pseudohermaphroditism.
  - b. Female pseudohermaphroditism
- **3. Pure gonadal agenesis**
- 4. Gonadal dysgenesis:
  - a) Klinefelter's syndrome.
  - b) Noonan's & Turner's syndromes.



# 3. PURE GONADAL AGENESIS

BILATERAL  
CONGENITAL  
ANORCHIA









# DSD

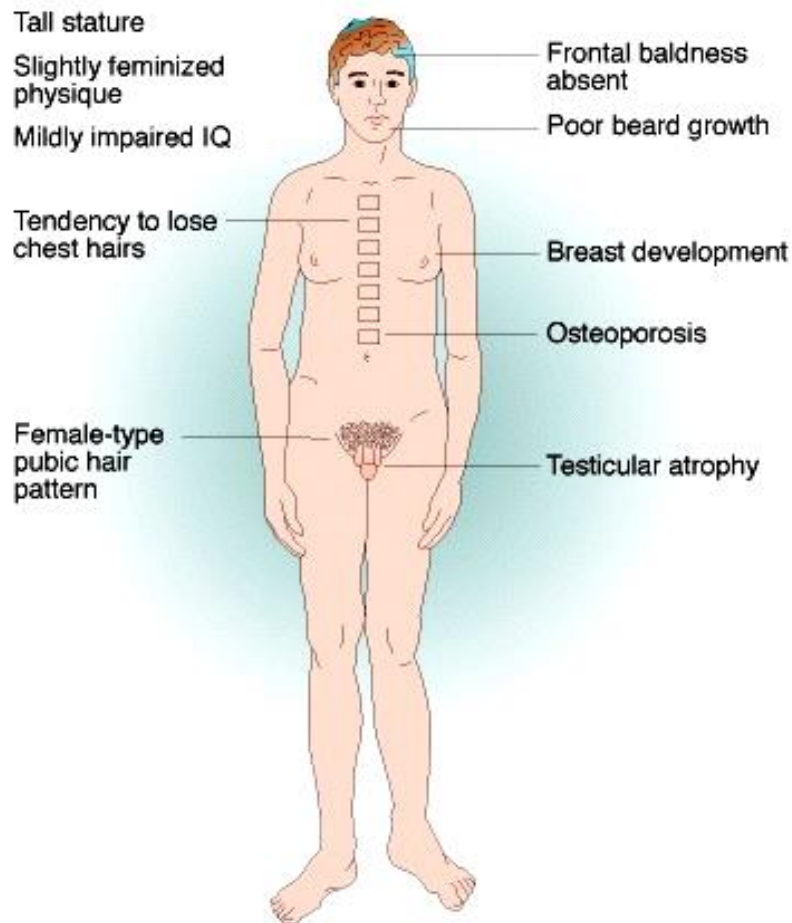
DSD is present in about 1% of the population.

## Classification:

- 1. True hermaphroditism .
- 2. Pseudo- hermaphroditism:
  - a. Male pseudohermaphroditism.
  - b. Female pseudohermaphroditism
- 3. Pure gonadal agenesis
- 4. **Gonadal dysgenesis:**
  - a) **Klinefelter's syndrome.**
  - b) **Noonan's & Turner's syndromes.**



# 4. GONADAL DYSGENESIS: KLINEFELTER'S SYNDROME



## 2. GONADAL DYSGENESIS:

### NOONAN'S SYNDROME

- Male phenotypic equivalent of Turner's(45 x0)
- Cryptorchidism in 77 % of cases.
- Manifestation:
  - short stature
  - webbed neck
  - low set ears
  - hypertension
  - cubitus vulgus
  - pulmonary stenosis



Thank you



# PRECOCIOUS PUBERTY OF BOYS (CAH)

- Boys won't have any obvious problems at birth.
- Enter puberty as early as 2-3 years of age (precocious puberty).

## Changes may include:

- Deep voice
- Early appearance of pubic and armpit hair
- Early development of masculine characteristics
- Enlarged penis
- Small testes
- Well-developed muscles

